

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES ADMINISTRATION**

**CHAPTER 1200-21-1
SUDDEN INFANT DEATH SYNDROME**

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1200-21-1-.01 PURPOSE. The purpose of these regulations is to provide services for parents and families victimized by Sudden Infant Death Syndrome (SIDS).

Authority: T.C.A. §68-1-1102. **Administrative History:** Original rule filed August 27, 1984; effective September 26, 1984.

1200-21-1-.02 AVAILABILITY AND APPROPRIATENESS OF SERVICES

- (1) Services provided for the SIDS programs will be available throughout the state in 95 counties, and will be provided in accordance with T.C.A. §68-1-1101.
- (2) Every parent or guardian of a SIDS incident will be offered an autopsy to validate the diagnosis.
- (3) Diagnosis of SIDS will be certified on the death certificate.

Authority: T.C.A. §68-1-1102. **Administrative History:** Original rule filed August 27, 1984; effective September 26, 1984.

1200-21-1-.03 DEFINITIONS

- (1) Sudden Infant Death Syndrome means the death of an ostensibly healthy child who is less than (3) years of age which occurs suddenly and unexpectedly with no known or apparent cause and which remains unexplained after the performance of an autopsy.
- (2) Autopsy as defined in this program means the post mortem examination of the deceased infant by a licensed pathologist to rule out all potential causes of infant death.
- (3) Physician means a person licensed to practice medicine or osteopathy in the State of Tennessee.
- (4) Medical Examiner means the physician designated as county medical examiner pursuant to T.C.A. §38-7-104.

Authority: T.C.A. §68-1-1102. **Administrative History:** Original rule filed August 27, 1984; effective September 26, 1984.

1200-21-1-.04 DESCRIPTION OF SERVICES

- (1) Provision of autopsy will be made available to all parents or legal guardians of suspected SIDS incidents.
 - (a) The parents or legal guardians shall authorize or refuse autopsy through completion of the following form. The local medical examiner shall assist the parents or legal guardians in completing the form.

(Rule 1200-21-1-.04, continued)

**PARENTAL AUTHORIZATION
OR
REFUSAL OF AUTOPSY FORM**

SUDDEN INFANT DEATH SYNDROME PROGRAM

DATE: _____

COUNTY: _____

BE IT KNOWN, that on this date, I, _____,
do voluntarily authorize _____,
refuse _____,
the performance of an autopsy on my child _____
by Dr. _____
acting for the Tennessee Department of Health and Environment.

Signed_____
Witness_____
Date

- (b) The refusal of the parents or legal guardians to authorize the autopsy shall in no way interfere with the duties of the District Attorney General, County Coroner, and/or County Medical Examiner as set forth in T.C.A. §38-7-106.
- (c) Autopsies will be performed by pathologists licensed to practice in Tennessee.
- (d) The county medical examiner will assign a pathologist to perform the post mortem examination. All transportation costs of the deceased infant to and from the pathologist will be submitted to the county court. Transportation costs will not exceed the current state rate.
- (e) Parents or legal guardians will be given a preliminary report of death within 24 to 48 hours of autopsy.

Authority: T.C.A. §68-1-1102. **Administrative History:** Original rule filed August 27, 1984; effective September 26, 1984.